

**GUIDE FOR FOSTER PARENTS AND OTHER PHYSICAL CUSTODIANS  
TO PROVIDE INFORMATION**

**Use of Form:**

This form is intended to assist foster parents and other physical custodians in determining what information, if any, they determine is relevant to present to a judge or administrative review panel regarding a court hearing or permanency plan review. The use of this form is voluntary and foster parents or other physical custodians can include additional pages with this form if necessary. Foster parents or other physical custodians should return this form to \_\_\_\_\_ at least 10 business days prior to the scheduled hearing or permanency plan review.

**Background:**

Foster parents and other physical custodians have the right to receive notice of any hearing or permanency plan review related to a child in their care, except hearings for which notice need only be provided to the child and his or her counsel. In addition, if the court allows, foster parents and other physical custodians have the opportunity to provide information to the court relevant to the hearing or permanency plan review. However, foster parents and other physical custodians are not considered as a party to a hearing or permanency plan review and may not be allowed the opportunity to make a verbal statement in court.

Any information provided to the court is distributed to all parties involved with the hearing or permanency plan review, including the child's birth parent, the social worker, guardian ad litem, attorney, therapists and any other case participants. A copy of the information will be placed in the child's file and become part of the child's permanent record.

If a foster parent or physical custodian has questions about the purpose of the hearing or permanency plan review or about what information should be included on this form, he or she should contact the child's case worker.

DEPARTMENT OF HEALTH AND FAMILY SERVICES  
Division of Children and Family Services  
CFS-XXXX (02/2006)

STATE OF WISCONSIN

**GUIDE FOR FOSTER PARENTS AND OTHER PHYSICAL CUSTODIANS TO  
PROVIDE INFORMATION AT COURT PROCEEDINGS**

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**Date form completed** **Date of Hearing or Permanency Plan Review**

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**Child's Name** (as it appears on the court document) **Child's Birthdate**

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**Name of Foster Parent or Physical Custodian**

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**Case Worker Name** **Name of Agency**

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**Agency Case Number** **Court Case Number**

\_\_ **JC** or **JV** (circle one) \_\_ \_\_ \_\_

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**TYPE OF HEARING OR REVIEW** (check all applicable types):

☐ Permanency Plan Review

- or -

☐ Temporary Physical Custody

☐ Extension

☐ Revision

☐ Disposition

☐ Change of Placement

☐ Permanency Plan Hearing

☐ Other: \_\_\_\_\_

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**INFORMATION FOR THE COURT OR REVIEW PANEL:**

**1. Placement**

How long has the child been in your home?

How is the child doing in your home? (For example, how is the child getting along with other people living in your home?)

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**2. Education**

How is the child doing at school?

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**3. Psychological, emotional, or physical health care needs**

How is the child's physical and mental health?

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☐ Yes ☐ No Are there other therapies or services that you think the child needs?

If so, describe the additional needed services.

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**4. Family Interaction, including contact with siblings**

How is the child getting along with his or her birth family? Siblings?

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**7. If a child is over the age of 15 years, Independent Living Services**

How is the child doing with learning independent living skills?

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**8. Support needs of the foster family**

☐ Yes ☐ No Are there any services or supports that you or your family need at this time?

If so, describe any needed services.

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**9. Other**

Describe any other information you think is relevant.

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*Note:* Completion of this form is voluntary, and foster parents and other physical custodians do not need to complete every question. The form will be distributed to all parties involved with the hearing or permanency plan review, including the child's birth parent, case worker, guardian ad litem, attorney, therapists and any other case participants.

Please return this questionnaire to \_\_\_\_\_ at least 10 business days prior to the scheduled hearing.